

The Commonwealth of Massachusetts Department of Fire Services Office of the State Fire Marshal



Post Office Box 1025, Stow, Massachusetts 01775 (978) 567-3300 Fax: (978) 567-3199

Date		
Date		

APPLICATION FOR TANK DISMANTLING YARD

To the State Fire Marshal:

Application is submitted for approval of Tank Dismantling Yard in accordance with provisions of 527 CMR 1.00: 66.21.7.6.

This application must be accompanied by any and all valid licenses and/or permits from all local city or town boards, agencies, departments for the conduct in that community of an underground steel storage tank dismantling yard; and three (3) copies of a suitable plot plan of the tank yard land (one inch = twenty feet scale) which is filed and made a part of the application.

Name of Firm:		
Address:		
City and State:		
County and Zip Code:		
Mailing Address of Firm:		
Street:		
City and State:		
County and Zip Code:		
Phone:		
Applicant intends doing but	siness as (Check one):	
□ Individual	☐ Corporation	□ Partnership

*TANK TESTING COMPETENT PERSONS

	Name	Address	Date of Birth
	*A person responsible to perform substances testing that is require testing competent person shall be	d to designate a tank safe for wo	er Explosive Limits (LEL), and toxic orkers and safe for hot work. The
I h	ereby certify that I have read an Comprehensive Fire Safety Cowith Massachusetts General L certify that I have read this application is true and correctly precedent to the receiving of summarily revoked, or suspento comply with all rules and received.	ode, "Tank Dismantling Yards," aw, Chapter 148, section 38A olication and affirm that every y set forth, and I do hereby as aid approval as a tank yard, the ded by the State Fire Marshal	promulgated in accordance a, as amended. I do further statement contained in this sert and agree, as a condition that same may, at any time, be
I h	ereby authorize the State Fire Note of their properly authorized de yard or establishment used in tanks to determine compliance regulations adopted by the States	signee to enter, examine, and the dismantling procedures of with the provisions of applications.	inspect any premise, building, funderground steel storage
IN	STRUCTION FOR SIGNING		
a)	Sole Ownership Name:		
		Please	Print
		Signa	nture
		, and the second	
b)	Corporation President's Name:	Please	Print
		Signa	tture
	Vice President's Name:	Please	Print
		Signa	ture
	Secretary's Name:		
	, 	Please	Print

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c)	**Partnership	Name:		
,		Please Print		
			Signature	
		Name:		
		ramo	Please Print	
			Signature	
		Name:	Please Print	
	**Fach nartner ii	ncludina limited	Signature partners, must sign.	
	Lacii partilei, ii	icidanig ilitilea	partifers, must sign.	
Me			nks and containers (describe in detail the safe method to be orage tanks)	
				-
				_
				-
				_
Pι		erjury that to t	seneral Law, Chapter 62C, section 49A, I certify under the the best of my knowledge and belief, I have filed all state tax xes required.	
	Social Security	v Number or l	Federal Identification Number:	
	Coolai Cooani	y Marriber or 1	dera lacitation (valide).	
			Authorized Signature of Individual of Sole Ownership, Corporation or Partnership	
			, tallol 250 Olgriculo di Iliania da Colo Ciliodi, p, Col polalici, ci i all'ilicini,	
Fo	r Fire Departmen	t Use Only		
Le	ndorse this app	olication (Chec	k one):	
	In accordance			
			.7.2 with the conditions stipulations, restrictions which are	
			his application and endorsement.	
			Signature of the Head of the Fire Department	

FDID#

Signature